



CHECKLIST
Responsibilities by Phase of Operation
For Use by Second Wave of Responders (Not First Responders)

(Note: This is to be used as a guideline for your duties during an incident. You may add more duties to this checklist once you are at the incident location and work with the local PAO and others to determine your assignments. Each incident will be different and will require flexibility and adjustments as the situation unfolds. Remember that you are not the lead communicator; you are there to support communication efforts and provide risk communication advice.)

Phase I, Pre-planning:

- ☐ Speak with PAO at MTF or installation or the Incident Commander on site to obtain information on current status of communications. If speaking with the Incident Commander, determine if a PAO is available.
- ☐ Initiate reach back support to CHPPM's Health Risk Communication Program for additional support.

Phase II, Deploy

- ☐ Travel to the incident location.

Phase III, Employment

(first 24 hours on site)

- ☐ Obtain initial briefing of situation on site.
- ☐ Establish contact with local PAO and/or Incident Commander to receive initial assignments or identify risk communication support required.
- ☐ Coordinate with Incident Commander to establish risk communication responsibilities among selected team members; prescribe internal boundaries for communications.
- ☐ Review public affairs/risk communication documents, such as local crisis communication plan, DOD Public Affairs Guidance (PAG), key messages, and other documents that have already been developed.
- ☐ Liaison with other appropriate agencies (OASD/HA PA (Office of Assistant Secretary of Defense/Health Affairs Public Affairs), Army Public Affairs, OTSG Public Affairs, Civil Affairs, FEMA, DHS, FBI, etc.)
- ☐ Reach back to CHPPM's Health Risk Communication Program for support.
- ☐ In conjunction with the Incident Commander, identify other emergency responders operating in the vicinity and establish liaison with each organization (FEMA, CDC, HHS, DHS, State Dept., NGOs, host country, etc.).
- ☐ Set up Joint Information Center (JIC) if not already done. Establish daily schedule for media briefings, if not already in place.
- ☐ Develop, as needed, additional key messages tailored to local situation in conjunction with other team members.



- ☐ Develop press releases in conjunction with local PAO and translators, if appropriate.
- ☐ Ensure that victims and their families are briefed with new developments before the press is briefed.
- ☐ Determine whether fact sheets or other informational materials have been distributed; if not, make available to stakeholders.
- ☐ Develop site-specific Q&A.
- ☐ Review all communication materials generated by the team to ensure that proper risk communication principles are applied.
- ☐ Prep team members for external communication and provide tips for speaking with media and other stakeholders.
- ☐ Explore available local resources to set up information line or explore setting up with assistance from another agency.
- ☐ Update local website with additional information, as necessary.
- ☐ Provide risk communication and public affairs advice to other agencies, as requested.

(post 24 hours on site)

- ☐ Revise key messages, as necessary.
- ☐ Continue to review all communication materials generated by the team to ensure that proper risk communication principles are applied.
- ☐ Continue to reach back to CHPPM's Health Risk Communication Program for support.
- ☐ Continue to liaison with other government entities, NGOs, host country, etc.
- ☐ Continue to prep team members for external communication.
- ☐ Continue to update local website with additional information, as necessary.
- ☐ Continue to provide risk communication advice to other agencies, as requested.

Phase IV, Transition

- ☐ Brief local PAO on all activities to ensure smooth transition of duties to others.
- ☐ Tie up loose ends, as assigned by local PAO.

Phase V, Re-deploy

- ☐ Document any problems to be addressed in the After Actions Review (AAR) regarding lessons learned.
- ☐ List additional personnel and/or resources (logistics) that were used in the crisis that were not initially planned or recognized to be relevant to the process.